United Nations E/ICEF/2016/P/L.29

Economic and Social Council

Distr.: Limited
15 July 2016

Original: English

For decision

United Nations Children's Fund
Executive Board
Second regular session 2016
14-16 September 2016
Item 5 (a) of the provisional agenda*

Country programme document

Islamic Republic of Iran

Summary

The country programme document (CPD) for the Islamic Republic of Iran is presented to the Executive Board for discussion and approval at the present session, on a no-objection basis. The CPD includes a proposed aggregate indicative budget of $6,918,000 from regular resources, subject to the availability of funds, and $6,592,000 in other resources, subject to the availability of specific-purpose contributions, for the period 2017 to 2021.

In accordance with Executive Board decision 2014/1, the present document reflects comments made by Executive Board members on the draft CPD that was shared 12 weeks before the second regular session of 2016.

* E/ICEF/2016/13.

16-12257(E) 050816

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Programme rationale

1. The Islamic Republic of Iran is a middle-income country with a population of more than 77 million people[1] and considerable natural resources. Seventy-one per cent of the population live in urban areas and the rate of urbanization is expected to continue to increase.[2] The country has experienced a constant decline in the birth rate since the 1980s to reach an annual population growth rate of 1.3 per cent over the period 2006 to 2011.[3] Children under the age of 18 years represent 28.4 per cent of the total population, with the majority of them growing up in urban areas (68 per cent).[4] More than half of the population is under 30 years of age.[5]

2. The country has drafted its Sixth Five-Year Development Plan, which Parliament is expected to approve in 2016, and is implementing substantial reforms in many social sectors that can improve children's well-being.

3. The Islamic Republic of Iran has achieved most of the Millennium Development Goals, with notable progress on Goals 1, 2, 4 and 5. Significant strides have been made in alleviating poverty and improving living standards, but income inequality as measured by the Gini coefficient still stands at 0.378.[6] Forty-three per cent of women-headed households are in the two lowest income deciles.[7] Child poverty is of particular concern, given that children are generally disproportionately represented in poor households. Twenty-five per cent of young people (15 to 24 years old) are unemployed, making youth employment a particularly pressing policy issue.[8]

4. The under-five mortality rate has dropped from 60 per 1,000 live births (1989)[9] to 16 per 1,000 live births (2015),[10] but the average under-five mortality rate in low-income regions is still three times worse than in higher-income regions.[11] The majority of under-five deaths (81 per cent) occur before children reach their first birthday and 62.5 per cent during the first month of life, which is equivalent to a neonatal mortality rate of 10 per 1,000 live births.[12] About 20 per cent to 30 per cent of 3- to 5-year-old children require access to early childhood development (ECD) support to reach their ideal developmental milestones, and would benefit from developmental care and education services.[13]

5. The Islamic Republic of Iran is undergoing an epidemiologic transition from communicable to non-communicable diseases (NCDs). Overweight and obesity are emerging challenges for children and adolescents. Injuries cause 19.2 per cent of deaths among children 1 to 59 months old and 37.3 per cent of deaths among children 5 to 14

[1] Statistical Centre of Iran, estimate from 2014.
[2] Statistical Centre of Iran, general census 2011.
[3] Ibid.
[4] Ibid.
[5] Ibid.
[6] Statistical Centre of Iran, *Report on Gini Coefficient of 2014*, Tehran, 2015.
[7] Statistical Centre of Iran Research and Training Centre, *Health and Socioeconomic Features of Female-Headed Households: Support Policies and Programmes*, Tehran, 2013.
[8] Statistical Centre of Iran, *Labour Force Statistics*, Tehran, autumn 2015.
[9] MoHME, *Health Care Transformation Plan*, Tehran, winter 2015.
[10] Inter-Agency Group for Child Mortality Estimation, *Child Mortality Estimates*, 2015 (approved by the Ministry of Health and Medical Education (MoHME)).
[11] MoHME, *Iran Multiple Indicator Demographic and Health Survey*, Tehran, 2010.
[12] Inter-Agency Group for Child Mortality Estimation, *Child Mortality Estimates*, 2015 (approved by MoHME).
[13] MoHME, *Iran Multiple Indicator Demographic and Health Survey*, Tehran, 2010.

years old.[14] Injuries are the second leading cause of death among children under five and road accidents are the lead cause among children aged 5 to 14 years, affecting boys more than girls.[15]

6. The rate of stunting among children under five fell from 15 per cent (1998) to 7 per cent (2010), but geographical differences remain.[16] The prevalence of zinc deficiency, vitamin A deficiency and anaemia among children is estimated at 20 per cent, and vitamin D deficiency among adolescents stands at 76 per cent.[17]

7. The country has a concentrated HIV epidemic, with prevalence among the 15 to 49 age group standing at 0.14 per cent.[18] Sexual transmission of HIV is becoming as important as injecting drug use transmission.[19] The rate of mother-to-child transmission of HIV appears to be increasing.[20]

8. Drugs used in the Islamic Republic of Iran include opiates and amphetamine-type stimulants.[21] The profile of drug users has evolved to a younger population living in disadvantaged and suburban areas of the big cities.[22] Drug use is closely linked to the transmission of HIV and other blood-borne diseases, and users of amphetamine-type stimulants exhibit more risky behaviours.

9. In addition to improvements in the rural primary health-care model, the provision of public health care is expanding to universally inclusive and more comprehensive services with a specific focus on disadvantaged people, particularly those living in suburban areas. The mean total patient's share of hospital costs has decreased significantly from 37 per cent (2013), to 6 per cent and 3 per cent, respectively, in urban and rural areas (2014).[23] With the roll-out of the universal health insurance programme launched in 2013, 95 per cent of the population is covered by one or another health insurance scheme.[24]

10. The country has almost achieved universal enrolment in primary education with gender parity. Challenges remain with respect to low coverage of pre-primary education, the transition from primary to secondary school and retention rates in secondary school, especially among disadvantaged children in rural and suburban areas, as well as among children with special needs and among girls.[25]

11. The Islamic Republic of Iran hosts one of the largest protracted refugee situations in the world. According to the Bureau for Aliens and Foreign Immigrants Affairs, as of October 2011, the number of refugees registered with the authorities stood at more than 950,000. It is estimated that another 1.5 million to 2 million refugees who are not registered

[14] MoHME, *Mortality Profile in Iran (29 provinces) over the Years 2006 to 2010*, Tehran, 2013.
[15] MoHME, *Child and Adolescent Surveillance System for Prevention of NCD (CASPIAN-IV) Study*, Tehran, 2014.
[16] MoHME, *Multiple Indicators Demographic and Health Survey*, Tehran, 2010.
[17] MoHME, *National Integrated Micronutrient Survey (NIMS)*, Tehran, 2012.
[18] MoHME, Estimates extracted from *National Strategic Plan of AIDS-(4th national plan)*, Tehran, 2014.
[19] MoHME, *Report on Status of HIV/AIDS Infection in Iran* (covering the last nine months of 2015), Tehran, 2015.
[20] MoHME, *Estimates Report*, Tehran, 2014.
[21] MoHME, *Knowledge, Attitudes and Practices Study on HIV/AIDS and risk factors among adolescents*, Tehran, 2011.
[22] MoHME, *National Strategic Plan of AIDS (4th national plan)*, Tehran, 2014.
[23] MoHME, *Health Care Transformation Plan*, Tehran, winter 2015.
[24] MoHME, Statistical Centre of Iran, National institute for Health Research, *National Census on Utilization of Health System in Iran*, Tehran, 2015.
[25] Ministry of Education, *National Education for All Report 2000-2015*, Tehran, 2015.

live and work in the country, not including a new wave of migrants and refugees. There are around 800,000 Afghan school-age children and adolescents, documented and undocumented. The recent decree (2015) by the Supreme Leader of the Islamic Republic of Iran supporting their integration into the public education system is a major step towards achieving all-inclusive education and warrants channelling assistance towards its complete implementation.

12. Children without effective caregivers, children suffering from maltreatment and those at-risk of maltreatment, and children exhibiting risky behaviours are among the areas requiring continued special attention. Recent revisions to the Islamic Penal Code (2013) and the Penal Procedural Code (2015) introduced improvements in the provisions for the protection of children in judicial proceedings.

13. The Islamic Republic of Iran is one of the most disaster-prone countries in the world and suffers from the consequences of climate change. Earthquakes, droughts, floods and sand and dust storms are frequent.

14. The previous country programme demonstrated that modelling innovative approaches and supporting their gradual adoption on a wider scale was very effective. For example, the Newborn Individualized Developmental Care and Assessment Program, introduced in 2013 as a model to improve the quality of care in neonatal intensive care units (NICUs), has been gradually adopted as a national initiative and is now fully functional in four NICUs. These serve as centres of excellence for training the remaining relevant workforce. Similarly, international cooperation on evaluating social programmes has increased government knowledge as well as showcased the country's achievements for children. Finally, close coordination and cooperation at all levels, with the Ministry of Foreign Affairs as the main focal point and involving all other national partners, has proven key to building a stable partnership. These strategies will continue to guide this country programme.

Programme priorities and partnerships

15. The key objective of the country programme for 2017–2021 is to support the Government's efforts to ensure that expected economic transition and growth contribute effectively to the welfare of the country's children, safeguard earlier achievements and reduce inequities, in line with the Sixth Five Year Development Plan (2016–2021) as well as sectoral reforms and policies, the United Nations Development Assistance Framework (UNDAF) for 2017–2021 and the Sustainable Development Goals.[26] In support of these national priorities, the country programme will pursue the following priorities:

(a) Modelling of innovative approaches to demonstrate results and inform policies and programmes at the national level.

(b) Capacity-building, with a particular focus on promoting South-South and triangular cooperation and exchange to develop national capacity and showcase the country's achievements and experiences, including through a stronger focus on knowledge management.

[26] As explained in the national statement read following the adoption of the Sustainable Development Goals in September 2015.

(c) Combining subnational work in disadvantaged areas with national-level work to improve results for hard-to-reach children and adolescents, in particular those with disabilities.

(d) Strengthening national monitoring and evaluation resources in order to generate quality data and evidence at national and subnational level, across all sectors.

(e) Resilience-building, disaster risk reduction and emergency preparedness across all programme components, with the aim of strengthening the resilience of families, communities and schools to cope with natural disasters, climate change and the impacts of environmental degradation, in contribution to outcome 3.4 of the UNDAF: *Relevant GOI [Government of Iran] agencies formulate, implement and monitor natural disaster management policies and programmes more effectively.*

(f) Communication activities, wherever relevant in all programme components, in order to promote beneficial knowledge, attitudes and practices among communities, families and caregivers for the well-being of children.

(g) Proactive investments of the private sector in issues beneficial to the welfare of children will be encouraged, upon agreement with the Ministry of Foreign Affairs on investment and engagement criteria.

16. The **health and nutrition programme component** will contribute to the national Health Transformation Plan (launched in 2014), all four outcomes under pillar 1 of the UNDAF: Health, and to Sustainable Development Goal 3: *Ensure healthy lives and promote well-being for all at all ages.* This component will support national efforts to ensure equitable access by children, adolescents and mothers in the Islamic Republic of Iran to high-quality and high-impact health and nutrition services, with a specific focus on vaccine preventable diseases, prevention of NCDs and HIV prevention services. National efforts will be supported through specialized technical support, the development and implementation of successful evidence-based models, South-South and triangular cooperation and the promotion of healthy behaviours. Programme priorities include supporting national efforts for:

(a) Effective coverage and uptake of maternal, neonatal and child health and development services, with a specific focus on the prevention and management of premature births and the promotion of ECD, including early detection and rehabilitation of developmental disorders and disabilities among the most at-risk children, and ensuring effective immunization, including vaccine supply management, new vaccines and related research.

(b) Improving child and adolescent nutrition in priority areas with a focus on prevention and management of under and overnutrition, micronutrient deficiencies and early prevention of NCDs, specifically obesity.

(c) Capacity-building support for prevention of HIV, focused on supporting expansion of the national prevention of mother-to-child transmission (PMTCT) programme as well as the national programme of the 'All In' initiative for prevention of HIV among the most at-risk adolescents and youth.

(d) Design and implementation of effective multisectoral programmes for promotion of healthy lifestyles and injury prevention, early detection of mental health disorders and promotion of mental health, as well as prevention of substance use disorders among adolescents and youth, with a particular focus on the disadvantaged.

17. The main partner of the health and nutrition programme component is the Ministry of Health and Medical Education, including its affiliated organizations. The programme will also work with other non-health partners, including the Ministry of Education, the State Welfare Organization, the Ministry of Cooperatives, Labour and Social Welfare, the Iranian Red Crescent Society and the Ministry of Interior. UNICEF will continue to work closely with the United Nations Population Fund (UNFPA), the World Health Organization, the Food and Agricultural Organization of the United Nations, and the Joint United Nations Programme on HIV/AIDS.

18. The **child welfare programme component** consists of two subcomponents focused on education and child protection. The education subcomponent will contribute to the implementation of the National Fundamental Reform in Formal General Education System (2011), outcome 3.1 of the UNDAF: *Responsible GOI [Government of Iran] agencies formulate, implement and monitor their social welfare and poverty eradication policies and programmes more effectively,* and Sustainable Development Goal 4: *Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all.* The provision of child-friendly school environments is increasingly important to ensure access for all children, reduce the number of dropouts, improve learning outcomes and facilitate school-to-work transition. The goal of the subcomponent is to support national efforts in developing and implementing policies and strategies to ensure inclusive quality education at all levels for all children, with a particular focus on the most at-risk children. National efforts will be supported through a mix of specialized technical assistance, capacity-building, evidence-based modelling, targeted South-South and triangular cooperation and promotion of children's welfare. The priorities of the subcomponent include supporting national efforts for:

(a) Active participation of all children in the process of learning and teaching, in accordance with national policies on promoting inclusion and participation of all children.

(b) Implementation of national policies to improve learning environments in schools to ensure that children have access to safe and protective school environments.

(c) Implementation of national strategies for quality education at all levels, with a special focus on the development and implementation of strategies for holistic life skills education and the effective integration of learning about the protection of the natural environment and education for emergencies.

(d) Promotion of evidence-based approaches to improve retention levels of children at primary and secondary levels, with a particular focus on disadvantaged children.

19. The main partner for the education subcomponent is the Ministry of Education, including its affiliated organizations. The programme will also work with the State Welfare Organization. Collaboration will continue with the Bureau of Alien and Foreign Immigrant Affairs, Ministry of Interior, with a particular focus on refugee children. UNICEF will coordinate with the United Nations Educational, Scientific and Cultural Organization and other relevant United Nations organizations that are active in education.

20. The protection subcomponent will contribute to article 24 of the Sixth Five Year Development Plan, outcome 3.1 of the UNDAF: *Responsible GOI [Government of Iran] agencies formulate, implement and monitor their social welfare and poverty eradication policies and programmes more effectively,* and Sustainable Development Goal 16: *Promote peaceful and inclusive societies for sustainable development.* The subcomponent will focus on the promotion of good parenting care, the development of specialized services for all children, with a particular focus on disadvantaged children, children without parental care

and children with disabilities, as well as the protection of children in judicial proceedings. National priorities will be assisted by mixing capacity-building, specific technical assistance, demonstration of models for scale-up, South-South and triangular cooperation, and promoting behaviours that benefit children's welfare. The priorities of the subcomponent include supporting national efforts for:

(a) Development and implementation of a multisectoral approach to the prevention and early detection of child maltreatment, with a special focus on social service providers and communities.

(b) Promotion of good parenting care to ensure the full development of children and adolescents.

(c) Development and roll-out of protective models for quality care of children without effective caregivers.

(d) Promotion of the best interests of the child in judicial proceedings.

(e) Child protection in natural disasters.

21. The main partners of the child protection sub-component are the Ministry of Cooperatives, Labour and Social Welfare, the State Welfare Organization, the Ministry of Health and Medical Education, the Ministry of Education, the Ministry of Interior, the National Disaster Management Organization, the Iranian Red Crescent Society, and the judiciary and affiliated organizations, including the Law Enforcement Forces and the Prisons Organization.

22. The **child well-being and poverty programme component** will contribute to the Sixth Five Year Development Plan articles 14, 22, 40, 41, 42, and 49, and outcomes 3.1 and 3.6 of the UNDAF, respectively: *Responsible GOI [Government of Iran] agencies formulate, implement and monitor their social welfare and poverty eradication policies and programmes more effectively;* and *Relevant GOI [Government of Iran] agencies formulate, implement and monitor population and development policies and programmes more effectively*. It will also contribute to Sustainable Development Goals 1: *end poverty* and 10: *reduce inequalities*. The main objective of the programme component is to contribute to national efforts to reduce vulnerabilities and poverty among children. National efforts will be supported through a mix of specialized technical assistance, capacity-building, evidence-based modelling, targeted South-South and triangular cooperation and advocacy. Programme priorities include supporting national efforts for:

(a) Capacity-building towards regular monitoring of multidimensional child poverty, age-specific vulnerabilities and welfare outcomes across the population.

(b) Promotion of inclusive coverage of social protection and services for children and adolescents, including education and health, with a special focus on disadvantaged children and children with disabilities.

(c) Promotion of equitable and inclusive coverage of social services for children and adolescents through the promotion of cross-sectoral collaboration, enhancement of information systems, and capacity-building for monitoring and evaluation of social programmes.

(d) Promotion of efficiency, equity and adequacy of public investment in children and adolescents.

23. The main partners of the child well-being and poverty programme component are the Ministry of Cooperatives, Labour and Social Welfare, the Management and Planning Organization and its subsidiary Statistical Centre of Iran, the Ministry of Health and Medical Education, the Ministry of Education, the Ministry of Interior, the Social Welfare Organization and universities, through line ministries. UNICEF will coordinate with UNFPA, the United Nations Development Programme and other United Nations organizations active in this field.

24. **Programme effectiveness** will ensure efficient and effective programme, financial and human resources management; enhanced external relations and partnerships, programme planning and coordination, monitoring and evaluation; and high-quality technical leadership on communication for development.

Summary budget table

Programme component	*(In thousands of United States dollars)*		
	Regular resources	*Other resources*	*Total*
Health and nutrition	2 500	2 000	4 500
Child welfare	2 000	3 500	5 500
Child well-being and poverty	1 500	500	2 000
Programme effectiveness	918	592	1 510
Total	**6 918**	**6 592**	**13 510**

Programme and risk management

25. The Ministry of Foreign Affairs is the main coordinating body for the management, implementation and monitoring of the country programme. A Steering Committee, co-chaired by the Ministry and UNICEF, will serve as the forum for periodic review of the implementation of the country programme.

26. The contributions of UNICEF to the UNDAF will be monitored by the High Level Steering Committee, co-chaired by the Ministry of Foreign Affairs and the United Nations Resident Coordinator, and supported through participation in UNDAF coordination mechanisms, which will also promote interagency collaboration.

27. UNICEF will continue to support modelling of new approaches so that they can be replicated nationally or adapted to the country's various realities, especially in areas of more need.

28. Key programme risks relate to natural disasters and resource mobilization. Although the Islamic Republic of Iran has the national capacity and resources to deal with humanitarian situations, UNICEF will continue to support disaster risk reduction and emergency preparedness as part of its focus on children. Anticipated economic growth may provide an opportunity to raise private sector funds. UNICEF will continue to diversify its fundraising efforts between public and private sector donors, in consultation with the Ministry of Foreign Affairs. UNICEF will develop a fundraising and private sector partnership strategy to facilitate mobilization of resources for the country programme and

to leverage support for children's issues in the country. UNICEF will remain adaptable to changes in the programming environment.

29. This country programme document outlines UNICEF contributions to national results and serves as the primary unit of accountability to the Executive Board for results alignment and resources assigned to the programme at the country level. Accountabilities of managers at the country, regional and headquarters levels with respect to country programmes are prescribed in the organization's programme and operations policies and procedures.

Monitoring and evaluation

30. The UNDAF and its results matrix will serve as the overall framework for monitoring UNDAF outcome results. A joint Government and United Nations monitoring and evaluation group will monitor UNDAF achievement. The country programme results and resources framework will serve as the overall framework for monitoring the country programme at the outcome and output levels. A joint Government of Iran/UNICEF Steering Committee will review the joint contribution of national partners and UNICEF to the realization of the programme outcomes on an annual basis.

31. In close consultation with the Ministry of Foreign Affairs, UNICEF and national partners will invest in the generation of quality evidence and knowledge on important child-related issues to inform policies and programmes. UNICEF will provide technical support to the next round of the Iran Multiple Indicator Demographic and Health Survey to ensure comparability with international standards. UNICEF and national partners will work closely to ensure that the child-related Sustainable Development Goal indicators are regularly monitored.

32. To ensure that programme strategies remain relevant in an evolving context, mid-year and annual reviews will focus on monitoring the implementation of activities and the achievement of results, and on exploring new opportunities and identifying risks, particularly in relation to natural disasters. A midterm review will be conducted to assess the overall progress made by the country programme. An Integrated Monitoring and Evaluation Plan will be developed to serve as the basis for monitoring and evaluation over the course of the country programme.

33. The country programme shall follow "framework principles" as stipulated in section 3.3 of the Islamic Republic of Iran UNDAF 2017–2021.

Annex

Results and resources framework

Islamic Republic of Iran – UNICEF country programme of cooperation, 2017–2021

This results matrix is, in spirit and content, subject to the main body of the CPD 2017–2021.

National priorities: Sixth Five Year Development Plan overall policies (2016-2021) Art. 14: Full realization of the targeting of subsidies [plan] in order to increase productivity, employment and efficiency, decrease energy intensity and promote/enhance social justice indicators. Art. 22: Plan to achieve a Gini Coefficient of 0.34. Art. 24: Promote timely and precise provision of justice services, judicial equity, Islamic human rights, citizenship rights, and reducing the number of the criminal population (prisoners) through resorting to newly introduced initiatives such as alternative measures. Art. 40: Establishment of a comprehensive, integrated, transparent, effective and multi-layer social security system in the country. Art. 41: Empowerment and self-sufficiency of disadvantaged sections and groups in welfare and social security related programmes. Art. 42: Promotion of the quality and enhancement of the basic social security insurance schemes (including health insurance, pensions, disability, etc.) for the entire population. Art. 43: Implementation of the overall health policies through ratification of necessary laws and regulations, with an emphasis on: 43-2: Enhancement/reform of the health system, in accordance with the article 7 of the Overall Health Policies. 43-3: Securing sustainable financial resources for the health sector as well as for quantitative and qualitative development of health insurance schemes. 43-4: Increase and enhance the quality and safety of the comprehensive and integrated care services within the framework of the health and treatment network, in accordance with the layering and referring system. Art. 44: Development of physical education and sport for all. Art. 49: Regularization of [urban] slums and prevention and control of the resulting public abnormalities. Art. 64: Revisiting criminal laws in order to decrease/downsize imprisonment punishment and replacing it with other forms of punishment, and proposing punishments commensurate with crimes. Art. 65: Enhancing the situation of prisons and detention centres. Art. 75: Implementation of the Fundamental Evolution of the Education System document, and emphasis on education in childhood and early adolescence.
UNDAF outcomes involving UNICEF: UNDAF Outcome 2.1: Universal health coverage indicators UNDAF Outcome 2.2: Prevention and control of non-communicable diseases UNDAF Outcome 2.3: Prevention and control of HIV/AIDS and other communicable diseases

UNDAF Outcome 2.4: Promoting health throughout the course of life
UNDAF Outcome 3.1: Inclusive growth, poverty eradication and social welfare
UNDAF Outcome 3.4: Natural disaster management

Outcome indicators measuring change that includes UNICEF contribution
UNDAF Outcome 2.1: Indicators 2, 5, 6 and 7
UNDAF Outcome 2.2: Indicators 1, 2 and 4
UNDAF Outcome 2.3: Indicators 1, 3, 4 and 7
UNDAF Outcome 2.4: Indicators 1, 3 and 5
UNDAF Outcome 3.1: Indicators 1-11
UNDAF Outcome 3.4: Indicator 1

Sustainable Development Goals
Goal 1: No poverty; Goal 2: Zero hunger, Goal 3: Good health and well-being; Goal 4: Quality education; Goal 5: Gender equality; Goal 8: Decent work and economic growth; Goal 10: Reduced inequalities; Goal 11: Sustainable cities and communities; Goal 16: Peace, justice and strong institutions.

Related UNICEF Strategic Plan outcome(s): Outcome 1: Health; Outcome 2: HIV and AIDS; Outcome 4: Nutrition; Outcome 5: Education; Outcome 6: Child protection; Outcome 7: Social inclusion

Government of Iran and UNICEF outcomes	*Key progress indicators, baselines and targets*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
Outcome 1: By the end of 2021, children, adolescents and mothers use improved and equitable high-impact health, nutrition and HIV/AIDS services,	The score of developmental care in NICUs in the Islamic Republic of Iran **Baseline:** 37% [Source: Survey on developmental care in NICUs in the Islamic Republic of Iran,2015]	Multiple Indicator Cluster Demographic and Health Survey (MIDHS)2020; reports of the Ministry of Health and Medical	**Output 1.1:** By 2021, the MoHME has enhanced capacity to provide upgraded maternal and neonatal health-care services and immunization with a specific focus on disadvantaged areas in light of the National Health Transformation Plan.	MoHME; State Welfare Organization (SWO); Ministry of Cooperatives, Labour and Social Welfare (MoCLSW); Iranian Red Crescent	2 500	2 000	4 500

Government of Iran and UNICEF outcomes	*Key progress indicators, baselines and targets*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
with a specific focus on prevention of NCD risk factors.	**Target:** 70%	Education (MoHME) Health Transformation Plan; reports of the MoHME Integrated and Intersectoral National Maternal and Neonatal Information Management System		Society (IRCS); Ministry of Interior (MoI); Ministry of Education (MoE)			
			Output 1.2: By 2021, the MoHME capacity in provision of early childhood health and developmental services is improved in light of the National Health Transformation Plan and with a specific focus on disadvantaged areas				
	Prevalence of stunting among children (boys and girls) under 5 years **Baseline:** 6.7% [Source: MoHME, MIDHS 2010/11] **Target:** 5%	Anthropometric surveys of MoHME as part of MIDHS; National Integrated Micronutrient Survey of MoHME	**Output 1.3:** By 2021, the MoHME capacity is enhanced to improve equality in nutritional status of the children, adolescents and women with a specific focus on prevention of NCDs, micronutrient deficiencies and undernutrition in MoHME priority provinces				
	Prevalence of overweight and obesity among children (boys and girls) aged 12-18 years **Baseline:** 25% [Source:	Anthropometric surveys of MoHME as part of MIDHS; National Integrated Micronutrient					

Government of Iran and UNICEF outcomes	*Key progress indicators, baselines and targets*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
	MoHME CASPIAN 2015] **Target:** 25%	Survey of MoHME					
	Percentage (%) of adolescents (boys and girls) aged 12-19 years with comprehensive knowledge about HIV and AIDS **Baseline:** 42% [Source: MoHME knowledge, attitudes and practices survey on HIV/AIDS risk factors] **Target:** 50%	Multiple Indicator Cluster Survey (MICS)/MIDHS; Periodic HIV/AIDS reports of MoHME	**Output 1.4:** By 2021, the MoHME has enhanced capacity to provide quality PMTCT and "All In" service with a specific focus on the most at-risk populations				
	% of pregnant mothers that get tested for HIV and receive their results **Baseline:** 35% [Source: PMTCT annual report of MoH[illegible]] **Target:** 95%	MICS/MIDHS; Periodic HIV/AIDS reports of MoHME					
	% of adolescents (boys and girls) aged 12-19 years having comprehensive knowledge about the substance use disorders in MoHME targeted areas **Baseline:** TBD [Source: MoHME study (forthcoming)] **Target:** 50%	MoHME Child and Adolescent Surveillance System for Prevention of NCD (CASPIAN) survey report	**Output 1.5:** By 2021, the MoHME capacity is enhanced to promote the health and social well-being of children, adolescents and youth, with a specific focus on prevention of risky behaviors, substance use disorders and NCDs.				
	% of adolescents (boys and girls) aged 12-19 having improved	MoHME CASPIAN survey report					

Government of Iran and UNICEF outcomes	*Key progress indicators, baselines and targets*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (in thousands of United States dollars)*		
					RR	*OR*	*Total*
	physical activity level in targeted area."; **Baseline:** 30% [Source: MoHME CASPIAN 2015] **Target:** 50%						
Outcome 2: By the end of 2021, disadvantaged children and adolescents have improved access to quality education and benefit from social services and judicial proceedings which promote their best interests.	Number of refugee children (boys and girls) enrolled in the formal education system **Baseline:** 360,700 [Source: MOE SANAAD database, 2015] **Target:** 560,700	MoE SANAAD database ("Students electronic enrolment database")	**Output 2.1:** By the end of 2021, the MoE capacity is built to enhance equity in access for all children, with a particular focus on girls, refugees and children with special needs, in accordance with national policies on promoting inclusion and participation of all children.	MoE; MoI/Bureau for Aliens and Foreign Immigrants' Affairs; SWO; MoHME; MoCLSW; judiciary; MoI Prisons Organization; IRCS; National Disaster Management Organization	2 000	3 500	5 500
	Lower secondary school gross enrolment ratio (boys and girls) in rural areas **Baseline:** 63.7% [Source: MOE SANAAD database, 2015] **Target:** 85%	MoE reports based on SANAAD database("*Students electronic enrolment database*")					
	Transition rate (boys and girls) between primary and lower secondary education **Baseline:** 94.20% [Source: MoE SANAAD database,2015] **Target:** 99%	MoE reports based on SANAAD database ("*Students electronic enrolment database*")	**Output 2.2:** By the end of 2021, MoE capacity is enhanced to implement national policies and strategies for improving quality of education at all levels, with a special focus on pre-primary education, holistic life-skills education and effective integration of education on the natural environment and disaster risk reduction.				

Government of Iran and UNICEF outcomes	*Key progress indicators, baselines and targets*	*Means of verification*	*Indicative country programme output*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
			Output 2.3: By the end of 2021, the capacity of MoE is enhanced to adopt evidence-based approaches to improve retention levels of children at primary and secondary levels, with a particular focus on disadvantaged children.				
	Number of judicial entities applying child-friendly procedures **Baseline**: 2 [Source: judiciary] **Target:** 6	Reports from the judiciary	**Output 2.4**: By the end of 2021, the health, education and social welfare systems have stronger capacity for prevention and early detection of child maltreatment.				
			Output 2.5: By the end of 2021, SWO in four disadvantaged regions has the capacity to offer improved services to children without parental care.				
	Percentage of children referred benefiting from improved services in relation to early detection, prevention and response to child maltreatment at rural/urban health centres and primary schools in priority provinces **Baseline**: 0 [Source: MoHME and MoE provincial statistics] **Target**: TBD	MoHME and MoE provincial statistics	**Output 2.6**: By the end of 2021, child protection is fully integrated in the country's emergency preparedness and response capacity.				
			Output 2.7: By the end of 2021, the justice system has stronger capacity to deal with children in judicial proceedings, in line with national commitments.				
Outcome 3: By the	Number of disadvantaged	MoCLSW statistics	**Output 3.1**: By the end of 2021,	MoCLSW;	1 500	500	2 000

Government of Iran and UNICEF outcomes	*Key progress indicators, baselines and targets*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
end of 2021, the most disadvantaged children benefit from enhanced evidence-based and integrated social protection and poverty reduction policies, programmes and institutions.	children (boys and girls) covered by MoCLSW social protection programmes **Baseline:** 253,000 [Source: MoCLSW statistics] **Target**: 500,000		national and subnational capacities for data collection and analysis of the situation of child poverty, as well as evaluation of social programmes and policies are strengthened. **Output 3.2:** By the end of 2021, national and subnational capacities in the design and implementation of integrated child-sensitive social protection programmes are enhanced.	Management and Planning Organization; Statistical Centre of Iran; MoHME; National Institute for Health Research; MoE; SWO; MoI.			
	Public social protection expenditure for children as a percentage of MCLSW social protection budget line **Baseline:** 25% [Source: MoCLSW statistics] **Target:** 35%	MoCLSW statistics	**Output 3.3:** By the end of 2021, national capacities on child-sensitive public financial analysis and management are strengthened.				
Outcome 4 (Programme effectiveness): The country programme is efficiently designed, coordinated, managed and supported to meet quality programming standards in achieving results for children	Percentage of country programme outputs annually reported as on track or achieved **Target:** 100% [Source: UNICEF country office database]	UNICEF annual review reports	**Output 4.1 (Programme Coordination):** UNICEF staff and partners are provided guidance, tools and resources to effectively design and manage programmes. **Output 4.2 (External Relations):** UNICEF staff are provided tools, guidance and resources for effective communication on children's issues with stakeholders **Output 4.3 (Cross-sectoral**		918	592	1 510

Government of Iran and UNICEF outcomes	*Key progress indicators, baselines and targets*	*Means of verification*	*Indicative country programme outputs*	*Major partners, partnership frameworks*	*Indicative resources by country programme outcome: regular resources (RR), other resources (OR) (In thousands of United States dollars)*		
					RR	*OR*	*Total*
			approaches): Strategies to address cross-cutting issues are developed and applied.				
Total resources					**6 918**	**6 592**	**13 510**